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ABSTRACT

This paper presents several theoretical positions relating the construct of internal-external locus of control to depression. The distinction is made between theories emphasizing the self-blaming aspects of depression, and those viewing depression as the perception that outcomes are independent of response. It is noted that locus of control for positive and negative outcomes may be differentially related to depression. Relevant research is presented, and some problems evident in previous locus of control-depression studies are discussed. (Author)

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Locus of Control and Depression[1]

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Abstract

Several theoretical positions relating the construct of internal-external locus of control to depression are presented. The distinction is made between theories emphasizing the self-blaming aspects of depression, and those viewing depression as the perception that outcomes are independent of response. It is noted that locus of control for positive and negative outcomes may be differentially related to depression. Relevant research is presented, and some problems evident in previous locus of control-depression studies are discussed.

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Locus of Control and Depression

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Individual differences in locus of control expectancies has been one of the most popular topics in personality research since Rotter described the dimension in his 1966 monograph. Briefly, internal-external locus of control (IE) refers to the degree to which a person expects that life outcomes are due to one's own behaviors (internality) versus the effects of luck, fate, or powers beyond one's own control or understanding (externality). Individual differences can be measured via a number of questionnaires, the most popular of which has been the Rotter IE scale.

The relationship between locus of control and psychological adjustment, in particular depression, has provoked considerable discussion and research. In his early paper, Rotter (1966) hypothesized a relationship between internality and positive adjustment, but added that extreme external or extreme internal scores might be indicative of maladjustment. Rotter further noted that an internal who experienced failure must blame him/herself, while externality could serve as a defense against failure.

In a paper discussing psychopathology from a social learning perspective, Phares (1972) has hypothesized that "depressions tend to be associated with people who possess a strong generalized expectancy that outcomes are their own responsibility." (p. 466) Phares cites an example of a case in which a client became depressed after failing to achieve a highly valued promotion, and notes

that the client's strong attribution of personal responsibility was an important feature of the case. Beck's (1967, 1976) cognitive theory of depression also emphasizes the self-blaming aspects of depression.

Other theorists, such as Lefcourt (1976) and Strickland (Note 1) have argued that a relationship between externality and depression may exist. Seligman's (1975) learned helplessness model similarly proposes that depression may be seen as a perception that outcomes are independent of response. Proponents of these theoretical orientations note the hopeless and helpless attitudes often expressed by depressed patients (Seligman, 1975).

Thus, two basic approaches to the relationship of perceived contingency to depression have emerged: depression as self-blame, and depression as perceived lack of contingency. The implications of these models for our understanding of depression, and for the treatment of depression, are very different. Exploration of these issues may offer both increased theoretical understanding and suggestions for psychotherapeutic interventions.

A number of studies have found significant correlations between various dimensions of locus of control and depression. Externality on the Rotter IE and Levenson Personal Control Scale, and high scores on the Levenson Chance and Powerful Others scales have all been found to be moderately correlated with self-reported depression (Abramovitz, 1969; Calhoun, Cheney, and Dawes, 1974; Goss and Morosco, 1970; Levenson, 1973; Prociuk, Breen, and Lussier, 1976; Strickland and Hale, Note 2). Strickland and Hale have

pointed out that the distinction between chronic and state depression is important in such research, and found that a measure of chronic depression, the Zung scale (Zung, 1965) is more strongly related to IE than a measure of depressive mood, the Lubin ACL (Lubin, 1965). In addition, Strickland and Hale noted that denial of psychopathology may contribute to the relationships found between locus of control and depression, since internality has been found to be related to social desirability (Rotter, 1966; Cone, 1971; Joe, 1972). They found that controlling for scores on the Marlowe-Crowne Social Desirability Scale (Marlowe and Crowne, 1960) diminished, but did not eliminate, the IE-depression relationships in their sample. In addition, a number of studies have indicated that internals may use denial as a method of dealing with threat (Efran, 1963; Lipp, Kolstoe, James, and Randall, 1968; Phares, Ritchie, and Davis, 1968), so their lack of self-reported depression may be suspect. Lamont (1972a, b) has shown that external items on the Rotter IE scale differ in mood level from internally scored items, adding another possible confound to the reported relationships. Thus, data in this area must be viewed with caution.

Seligman's model of depression has suggested a number of research possibilities and studies of learned helplessness have proliferated. Although a detailed critique of this research is beyond the scope of this paper, it must be noted that these studies have not provided unequivocable support for Seligman's position, due to factors such as the lack of an affective depen-

dent variable in many studies (Blaney, in press), and the lack of importance to subjects of many of the outcomes manipulated (Wortman and Brehm, 1975). One helplessness study (Klein, Fencil-Morse, and Seligman, 1976) has even reported that depressed subjects are more likely to attribute responsibility for failure to internal factors than nondepressed subjects. Jane Nugent, in this symposium, is presenting research that links the IE variable to the learned helplessness model.

A number of authors have pointed out the multidimensional nature of IE (Gurin, Gurin, Lao, and Beattie, 1969; Mirels, 1970; Levenson, 1973; Rotter, 1975). Strickland (Note 1) has noted that distinguishing between expectancies for positive and negative outcomes may be important in understanding the relationship of IE to depression. In an attempt to sort out differences due to expectancies for control of positive and negative outcomes, we (Note 3) administered an adapted adult version of Crandall's Intellectual Achievement Responsibility (IAR) scale (Crandall, Katkovsky, and Crandall, 1965; Crandall, Note 4), which yields separate I+ and I- scores, to 100 college students, 50 males and 50 females. The scale was designed by Crandall for use in assessing IE expectancies in academic situations, but is the only adult IE scale available with positive and negative subscales. We found that internality for positive outcomes were significantly negatively correlated to depression on the Zung scale ($r = -.19$, $p < .03$), and found a trend toward a positive relationship of internality for negative outcomes and depression ($r = .14$, $p < .07$).

Subjects' total IE score on the IAR scale (the addition of I+ and I- scores) was not significantly correlated with depression ($r = .01$, $p < .45$). Especially interesting was the finding that a discrepancy score, the difference between subjects' I- and I+ scores, produced the strongest correlation with depression of the IAR data ($r = .27$, $p < .003$). When correlations were computed separately for male and female subjects, this difference score was the only IAR variable which was significantly correlated to Zung depression scores for both males ($r = .29$, $p < .02$) and females ($r = .25$, $p < .04$). Only among female subjects was the I+ score significantly related to depression ($r = -.26$, $p < .03$). These data indicate that a discrepancy in IE beliefs for positive and negative outcomes may be an important feature in depression, with depressed individuals, relative to non-depressed subjects, attributing fewer positive outcomes to their own behavior than negative outcomes.

These findings share some of the same difficulties of interpretation that have been mentioned about previous IE results -- possible confounds due to self-report biases, etc. In addition, the above results were only partially replicated in a recent sample we studied (N = 45 males and 88 females). In this group, internality for positive outcomes was once again found to be <u>negatively</u> correlated with depression ($r = -.20$, $p < .01$), but no significant relationship was found between internality for negative outcomes and depression. The IAR difference score approached a significant correlation with the Zung scale ($r = .13$,

$p < .06$). But the fact that the IAR is a measure of academic IE expectancies, and not of generalized expectancies for control, may explain why the correlations found were relatively small. These data do suggest that the consideration of expectancies for positive and negative outcomes, as well as discrepancies in expectancy, may be important and worthy of further research.

A number of problems critical to the understanding of the IE-depression relationship remain. In addition to depression, externality has been found to be related to anxiety (Butterfield, 1964; Watson, 1967; Strassberg, 1973), schizophrenia (Cromwell et. al, 1968; Duke and Mullins, 1973), and a number of other indices of psychological maladjustment (Phares, 1976). Externality seems to be characteristic of maladjustment in general, so a model which explains depression solely in terms of helplessness or lack of control cannot handle the "choice of symptom" problem. Rotter (1975) has mentioned some of the difficulties inherent in attempting to explain complex human behavior in terms of the single IE variable. He reminds researchers that an expectancy variable, like locus of control, must be linked to other components such as reinforcement value and situational influences for the most effective prediction of behavior.

It is likely that locus of control interacts with the experience of success and failure in producing ~~failure~~ depression, and that IE beliefs will be particularly salient when studied among subjects who have received a negative outcome that is perceived as important by that individual. It is also important to note that the locus of

control variable reflects a person's subjective estimate of contingency, and that experimental manipulations which alter only objective contingencies of control fail to deal with an essential aspect of the locus of control construct. Finally, most of the IE/depression studies have reported only correlative results. These data give us some suggestions about the relationship of cognitive mediating variables to the experiencing of depression. Thus, the IE dimension may have much to offer the study of depression, but critical behavioral studies remain to be completed.

Reference Notes

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